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EDITORIALS

"The City and the Metropolis: Advance or Decline?"

RECENTLY, Arnold Toynbee underscored the need for "a glimpse of the panoramic view that one catches from a jet plane flying in the stratosphere. Everybody also needs a glimpse of the view that one catches by sifting the successive strata that are brought to the surface by the oil prospector's drill. The capacity of a single human mind is narrowly circumscribed; it can never succeed either in surveying the whole surface of the globe or in probing the globe's interior to the center. Yet it can sample both, and such intellectual catholicity will be a liberal education."¹ The need for such an approach is perhaps nowhere more necessary than in relation to the urban scene.

Urban development has a long and fruitful history. The city for more than 4,000 years has been a center of civilization, quickening the talents and ingenuity of men, and fostering values we still cherish most highly. Today there is every indication that one period of urban growth is ending, and that we are moving on into another. The city in many parts of the world has become the metropolis, with the anticipation that

in about 50 years the majority of the world's population may be living in such complexes. Thus we stand at a point in time which is strategic for examining and understanding the contemporary urban scene; for sharpening our thinking about the problems of urban living as a whole, and not as a series of piecemeal issues; and for the development of a national strategy on metropolitan development.

Food for thought on these problems is more easily available today than in the past. Lewis Mumford's historical critique of the city, Kevin Lynch's analysis of city form and its meaning to the people who live there, and the symposium of the American Academy of Arts and Sciences on the future metropolis are among the more important recent publications.² The preparation of a manual on "Administration of Community Health Services" by our Association for early publication by the International City Managers' Association also annotates the concept of organizing health services for the sprawling metropolis. Numerous studies have been made of the major metropolitan areas in the United States. What is needed is a national policy for our cities where the bulk of our population lives.

This may yet happen if President Kennedy's proposal for a Department of Urban Affairs and Housing, headed by a secretary of Cabinet rank, is adopted by the Congress. Such a department would have the urban scene in its entirety as its central concern. Many of the problems faced by the health agencies of cities would undoubtedly fall at least in part within the jurisdiction of a Department of Urban Affairs. Air pollution, water resources and supply, housing, development of community transportation, recreation—all of these must be of concern in dealing with urban affairs. Such an agency would undoubtedly act as a coordinating center for all federal activities affecting cities.

The President's program provides a new hope for the "underdeveloped" American city. This is an issue of direct and immediate concern to the public health, and we cannot sit this one out. Now is the time for public health to make its voice heard.

1. Toynbee, Arnold J. *Our Massive Heritage*. National Education Association Journal (Feb.), 1961, p. 9.
2. Mumford, Lewis. *The City in History. Its Origins, Its Transformations and Its Prospects*. New York, N. Y.: Harcourt, Brace, 1961. Lynch, Kevin. *The Image of the City*. Cambridge, Mass.: Technology Press—Harvard University Press, 1960. *The Future Metropolis*, Daedalus. J. Am. Acad. Arts and Sci. Winter, 1961.

Research in International Health —A Cooperative Endeavor

ON DECEMBER 16, 1960, the Pan American Health Organization and the United States Public Health Service announced a joint agreement to assist medical research in the Americas. The agreement deals primarily with three points: (1) collaboration between the staffs of the two organizations, (2) development of research activities by the Pan American Health Organization, and (3) the kinds of help that the Public

Health Service might provide for such activities.

Generally, the arrangements are along the following lines. In addition to research carried on by its own staff, the Pan American Health Organization will provide financial support for selected research projects and programs, and will coordinate research involving more than one country. It will also assist in the development of scientists, of scientific communication, and in related activities.

Under the agreement, the Public Health Service provides technical advice on research design. Furthermore, it will consider proposals for grants from investigators who may wish to participate in research programs coordinated by the Pan American Health Organization, and requests for support of research conducted by the staff of the organization. Within the Public Health Service the responsibility for developing these activities has been assigned to the Office of International Research Activities at the National Institutes of Health.

The action taken by the two organizations is a very important one. Contributions to health research have never been the monopoly of any one country. One need only recall that insulin came from Canada, penicillin from England, Germany introduced the sulfonamides, polio vaccine was created in the United States, and rauwolfia came from India. Similarly, problems of disease, whether communicable or noncommunicable, are not limited to a single country. Even countries that are comparatively protected against infectious diseases have still not eradicated them, and are still subject to invasion as the recent worldwide spread of Asian influenza demonstrated. For these reasons it is particularly vital that research be conducted on an international as well as a national basis. Research in countries outside the United States can contribute significantly to the solution of major disease problems in this country.